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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Pediatric Dentistry Political Action Committee 211 E Chicago Ave ADDRESS (number and street) Suite 700 Check if different than previously Chicago 60611 ΙĻ 2663 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS NEW **AMENDED** C00365965 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2010 09 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. John S. Rutkauskas Type or Print Name of Treasurer Electronically Filed by John S. Rutkauskas 0 1 24 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 28

FEC Form 3X (Rev. 02/2003)

	Write or Type Committee Name American Academy of Pediatric Dentistry Political Action Committee							
F	Report Covering the Period: From:	07 01 0010 00 00 00 0010						
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date					
6.	(a) Cash on Hand January 1 2010 Y Y Y		261844.57					
	(b) Cash on Hand at Begining of Reporting Period	191668.57						
	(c) Total Receipts (from Line 19)	91905.00	104955.00					
	(d) Subtotal (add lines 6(b) and							
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	283573.57	366799.57					
7.	Total Disbursements (from Line 31)	63000.00	146226.00					
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	220573.57	220573.57					
9.	Debts and Obligations owed TO the committee (Itemize all on		ı					
	Schedule C and/or Schedule D)	0.00						
10.	Debts and Obligations owed the committee (Itemize all on							
	Schedule C and/or Schedule D)	0.00						

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 28

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period:

From: 0.7

01

2010

o: 0 9

^D 30

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	22725.00	30325.00
	(ii) Unitemized	69180.00	69630.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	91905.00	99955.00
(i	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	91905.00	99955.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
((Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	5000.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(i	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	91905.00	104955.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	91905.00	104955.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 28

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
,	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committeesand Other Political Committees	63000.00	146226.00
ŀ.	Independent Expenditure		
=	(use Schedule E)	0.00	0.00
<i>,</i> .	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
Э.	Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i ederal difare	2.22	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	63000.00	146226.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	63000.00	146226.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 28

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	otal Contributions (other than loans) rom Line 11(d), page 3)	91905.00	99955.00
_	otal Contribution Refunds rom Line 28(d))	0.00	0.00
	et Contributions (other than loans) subtract Line 34 from Line 33)	91905.00	99955.00
	otal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	0.00	0.00
	offsets to Operating Expenditures rom Line 15, page 3)	0.00	0.00
	et Operating Expenditures subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Pediatric Dental Communication (In Full)	Statements may not be sold or used by any persone name and address of any political committee to tistry Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Maria Aslani-Breit Mailing Address 1655 Elmwood Aven City Rochester FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code NY 14620 C Occupation Pediatric Dentist Aggregate Year-to-Date	Date of Receipt M M D D C C C C C
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. K. Jean Beauchamp Mailing Address 2297 Rudolphtown R City Clarksville FEC ID number of contributing federal political committee.	State Zip Code TN 37043	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Pediatric Dentist Aggregate Year-to-Date ▼ 500.00	
Dr. Scott A. Bialik Mailing Address 246 Federal Rd Ste I City Brookfield	O13 State Zip Code CT 06804-2649	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer Self-Employed	Occupation	1200.00
Receipt For: Primary General Other (specify) ▼	Pediatric Dentist Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional)		2050.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/28 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	American Academy of Pediatric Dentis	stry Political	Action Committee			
A.	Dr. Todd S. Brasuell					
	Mailing Address 189 Greenbriard Bould	evard State	Zip Code	07 29 2010		
	City <u>Covington</u>	LA	70433	Transaction ID: SA11AI.13506 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		350.00		
	Name of Employer Self-Employed	Occupation Pediatric				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00			
В.	Full Name (Last, First, Middle Initial) Dr. Warren A. Brill	Date of Receipt				
	Mailing Address 1001 N Point Blvd			08 17 2010		
	City	State MD	Zip Code	Transaction ID: SA11AI.13912		
	Baltimore FEC ID number of contributing federal political committee.	C	21224-3413	Amount of Each Receipt this Period 500.00		
	Name of Employer Self-Employed	Occupation Pediatric				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
С.	Full Name (Last, First, Middle Initial) Dr. Daniel P. Carroll			Date of Receipt		
	Mailing Address 1125 South Linden Road, #800			07 10 / Y Y Y Y Y Y Y		
	City Flint	State MI	Zip Code 48532-3406	Transaction ID: SA11AI.13418 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	40002-0400	250.00		
	Name of Employer Mid Michigan Pediatric De- ntistry, P.C.	Occupation Pediatric	Dentist			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
	SUBTOTAL of Receipts This Page (optional))	1100.00		
	TOTAL This Period (last page this line number		<u> </u>			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Pediatric Dental	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Susan H. Carron	, 	Action committee	Date of Receipt
Mailing Address 40105 Grand River A City	State	Zip Code	0 7 1 2 2 0 1 0 Transaction ID: SA11AI.13429
Novi	MI	48375	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Pediatric		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Margaret A. Certo Mailing Address 3 Marina Park S # 3	•		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Buffalo	State NY	Zip Code 14202-4313	Transaction ID: SA11AI.13928 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self-Employed	Occupatio Pediatric		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Richard S. Chaet			Date of Receipt
Mailing Address 9830 N. 50th Street			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11Al.13414
Paradise Valley FEC ID number of contributing federal political committee.	C	85253	Amount of Each Receipt this Period 250.00
Name of Employer APDO P.C.	Occupatio Pediatric		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1500.00
TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one) X 11a
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
	American Academy of Pediatric Dentis	stry Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Dr. J. David Crossley			Date of Receipt
	Mailing Address 950 West First North S	08 09 2010		
	City	State	Zip Code	Transaction ID: SA11AI.13750
	Morristown	TN	37814-4550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Pediatric		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Lynda N. Dean-Duru	Date of Receipt		
	Mailing Address Ashburn Children's De 44110 Ashburn Village	0 9 0 8 2 0 1 0		
	City	Transaction ID: SA11AI.14187		
	Ashburn FEC ID number of contributing federal political committee.	C	20147	Amount of Each Receipt this Period 250.00
	Name of Employer Ashburn Children's Dentis- try	Occupatio Pediatric		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Edward L. Donaldson, Jr.			Date of Receipt
•	Mailing Address 2960 E. Gause Boulev	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.13955
	Slidell FEC ID number of contributing federal political committee.	C	70461-4153	Amount of Each Receipt this Period 3000.00
	Name of Employer Self-Employed	Occupatio Pediatric		7
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 3000.00	
	SUBTOTAL of Receipts This Page (optional)			3500.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28 (check only one)		
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may no	ot be sold or used by any perso ss of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Academy of Pediatric I	Dentistry Political Ad	ction Committee			
Full Name (Last, First, Middle Initial) Dr. Jill M. Donaldson			Date of Receipt		
Mailing Address 2960 East Gause	Mailing Address 2960 East Gause Boulevard				
City Slidell	State LA	Zip Code 70461-4153	Transaction ID: SA11AI.13956 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		3000.00		
Name of Employer Self-Employed	Occupation Pediatric D	entist			
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 3000.00			
Full Name (Last, First, Middle Initial) Dr. Scott D. Goodman	,				
Mailing Address 1340 Matthews T Suite 201	08 02 7 2010				
City Matthews	State SC	Zip Code 28105-4681	Transaction ID: SA11AI.13985 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	[C]	20103-4001	500.00		
Name of Employer Self Employed	Occupation Pediatric D	entist			
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Dr. Stephen M. Heaney			Date of Receipt		
City Orland Park	State IL	Zip Code 60462-6544	Transaction ID: SA11AI.13989 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	00402-0044	250.00		
Name of Employer Self-Employed	Occupation Pediatric D	entist			
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optic	nal)		3750.00		
TOTAL This Period (last page this line no	umber onlv)				

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (I.e. F. III)	Statements ma he name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Pediatric Den	tistry Political	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. William J. Heimann	Date of Receipt		
	Mailing Address 1526 W. Glendale A	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: SA11AI.13990
	Phoenix	AZ	85021-8576	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Pediatric		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) Dr. Lewis A. Kay	Date of Receipt		
	Mailing Address 401 Mallard Ln	09 10 7 2010		
	City	State	Zip Code	Transaction ID: SA11AI.14222
	Moorestown	NJ	08057-4304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Pediatric		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00]
	Full Name (Last, First, Middle Initial) Dr. James M. Keeton, Jr.			Date of Receipt
	Mailing Address Manchester Dental Building 7410 Hull Street Road, #1			07 27 2010
	City	State	Zip Code	Transaction ID: SA11AI.14010
	Richmond	VA	23235-5834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			300.00
	Name of Employer Self Employed	Occupation Pediatric	Dentist	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		1300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Pediatric Dent	istry Political	Action Committee	
∠ A .	Full Name (Last, First, Middle Initial) Dr. Eric J. Koren			Date of Receipt
	Mailing Address 9215 Cincinnati-Colu	07 / 29 / Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11Al.13542
	West Chester	OH	45069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. Stacey R. Kutsch	Date of Receipt		
	Mailing Address 299 Piper Street	07 21 2010		
	City State		Zip Code	Transaction ID: SA11AI.13468
	Richland	WA	99352	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
_ С.	Full Name (Last, First, Middle Initial) Dr. Jasper L. Lewis, Jr.			Date of Receipt
	Mailing Address 1025 Johns Hopkins	Drive		07 26 2010
	City	State	Zip Code	Transaction ID: SA11AI.14030
	Greenville	NC	27834-7227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Pediatric		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1200.00]
Γ	SUBTOTAL of Receipts This Page (optional)			700.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one) X		
Any information copied from such Report or for commercial purposes, other than	oorts and Statements may not be sold or used by any person using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Academy of Pediat	ric Dentistry Political Action Committee			
Full Name (Last, First, Middle Initia Dr. Mark S. Lisagor	u)	Date of Receipt		
Mailing Address 477 Calle Hig		07 29 2010		
City Camarillo	State Zip Code CA 93010-1812	Transaction ID: SA11AI.14032		
FEC ID number of contributing federal political committee.	CA 93010-1812	Amount of Each Receipt this Period 250.00		
Name of Employer Retired	Occupation Pediatric Dentist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initia Dr. Catherine Lyles	Full Name (Last, First, Middle Initial) Dr. Catherine Lyles			
Mailing Address 13032 Nacog	Mailing Address 13032 Nacogdoches Road, #202			
City	State Zip Code	07 19 2010 Transaction ID: SA11AI.13481		
San Antonio	TX 78217	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Self-Employed	Occupation Pediatric Dentist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00			
Full Name (Last, First, Middle Initia Dr. Martin J. Makowski	l)	Date of Receipt		
Mailing Address 39400 Garfiel				
City Clinton Township	State Zip Code MI 48038-4096	Transaction ID: SA11AI.14050		
FEC ID number of contributing federal political committee.	C 40038-4090	Amount of Each Receipt this Period 500.00		
Name of Employer Self-Employed	Occupation Pediatric Dentist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)	1250.00		
	ne number only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Pediatric Denti	stry Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Josefina V. Martinez Mailing Address 310 Stagecoach Trail	#1000		Date of Receipt
				09 08 2010
	City San Marcos	State TX	Zip Code 78666	Transaction ID: SA11AI.14244 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Pediatric		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Eugene J. McGuire Mailing Address 1575 Pond Road, #10	05		Date of Receipt
	City	State	Zip Code	08 16 2010
	<u>Allentown</u>	PA	18104-2254	Transaction ID: SA11AI.14056 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Pediatric		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	500.00	
C.	Full Name (Last, First, Middle Initial) Dr. Edward H. Moody, Jr.	•		Date of Receipt
	Mailing Address 920 West Main Street			07 26 2010
	City Morristown	State TN	Zip Code 37814-4515	Transaction ID: SA11AI.14058
	FEC ID number of contributing federal political committee.	C	3/014-4313	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Pediatric		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1000.00
	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Pediatric De	entistry Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jack W. Morrow			Date of Receipt
Mailing Address 4200 Bryant Irvin F			07 19 2010
City	State	Zip Code	Transaction ID: SA11AI.13467
Fort Worth	TX	76109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Pediatric		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Kyle Pedersen			Date of Receipt
Mailing Address 2560 Foxfield Road	d, #190		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13692
St. Charles	IL	60174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Kyle E. Pedersen DDS, PC Pediatric Den	Occupation Pediatric		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. William N. Quinton			Date of Receipt
Mailing Address 837 South Main St	reet		0 8
City	State	Zip Code	Transaction ID: SA11AI.14080
Greenville	MS	38701-5871	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Pediatric		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (option	al)		1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be g the name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Pediatric De	entistry Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr. Curt S. Ralstrom			Date of Receipt
Mailing Address 39400 Garfield Ro	ad, Suite 200		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Clinton Township		o Code 3038-4096	Transaction ID: SA11AI.13567 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Pediatric Dentis	st	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Paul A. Reggiardo			Date of Receipt
Mailing Address 18731 Patrician Dr	rive		07 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Villa Park		Code	Transaction ID: SA11AI.13413
FEC ID number of contributing federal political committee.	C	861	Amount of Each Receipt this Period 500.00
Name of Employer Paul Reggiardo DDS, APC	Occupation Pediatric Dentis	st	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	500.00	
Full Name (Last, First, Middle Initial) Dr. George M. Richardson			Date of Receipt
Mailing Address PO Box 116 2757 Greenbush F	Road		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City Charlotte	·	Code	Transaction ID: SA11AI.14092
FEC ID number of contributing federal political committee.	C	445-0116	Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Pediatric Dentis	st	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to		
SUBTOTAL of Receipts This Page (option			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Pediatric De	nd Statements may not be sold or used by any persong the name and address of any political committee to entistry Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Lisa G. Richardson Mailing Address 704 Hidden Woods City	s Lane State Zip Code	Date of Receipt 0 7 2 9 2 0 1 0 Transaction ID: SA11AI.14093
Friendswood FEC ID number of contributing federal political committee.	TX 77546-6098	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Pediatric Dentist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Edward L. Rick Mailing Address 1808 1st Ave		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sterling	State Zip Code IL 61081-1202	Transaction ID: SA11AI.14196 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Irwin M. Seidman Mailing Address 600 North Court, #	250	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Palatine	State Zip Code IL 60067-8104	Transaction ID: SA11AI.14114 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Irwin M. Seidman DDS, PC	Occupation Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	1	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/28 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Pediatric De	entistry Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Barry P. Setzer			Date of Receipt
Mailing Address 8355 Bayberry Roa	ıd		07 30 7 2010
City Jacksonville	State FL	Zip Code 32256-4427	Transaction ID: SA11AI.13808 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		800.00
Name of Employer Barry P. Setzer, D.D.S.	Occupation Pediatric		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr. Barry P. Setzer			Date of Receipt
Mailing Address 8355 Bayberry Roa	ıd		0 8 1 1 2 0 1 0
City Jacksonville	State FL	Zip Code 32256-4427	Transaction ID: SA11AI.13809
FEC ID number of contributing federal political committee.	C	32230-4421	Amount of Each Receipt this Period 200.00
Name of Employer Barry P. Setzer, D.D.S.	Occupation Pediatric		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Gregory B. Sheppard			Date of Receipt
Mailing Address 3618 W Anthem W	ay Ste D104		07 26 2010
City Anthem	State AZ	Zip Code 85086-0458	Transaction ID: SA11AI.14116
FEC ID number of contributing federal political committee.	C	63000-0436	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Pediatric		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	51)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to	
American Academy of Pediatric Dent	istry Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. John C. Stritikus		Date of Receipt
Mailing Address 1703 Temple Avenue City	State Zip Code	0 7 1 4 2 0 1 0 Transaction ID: SA11Al.13466
Nashville	TN 37215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ben Taylor		Date of Receipt
Mailing Address 6756 Poss Road		07 15 YYYY 2010
City	State Zip Code	Transaction ID: SA11AI.13448
San Antonio	TX 78238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bruce H. Weiner		Date of Receipt
Mailing Address 6210 John Ryan Dr S	Ste 100	0 8 0 2 2 0 1 0
City Fort Worth	State Zip Code TX 76132-4111	Transaction ID: SA11AI.14137 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Bruce H. Weiner, DDS, Inc.	Occupation Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)		725.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Pediatric De	d Statements may not be sold or used by any pers the name and address of any political committee to ntistry Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. John C. Williams Mailing Address 206 Murray Guard City Jackson FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	Orive State Zip Code TN 38305-3776 C Occupation Pediatric Dentist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Ronald Winder Mailing Address 5602 South Memor City Tulsa FEC ID number of contributing federal political committee. Name of Employer Self-Employed		Date of Receipt M M / D D / Y Y Y Y Y O 7 2 0 1 0 Transaction ID: SA11AI.13495 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph S. Young Mailing Address 1855 Crane Ridge I City Jackson FEC ID number of contributing	Aggregate Year-to-Date ▼ 250.00 Drive State Zip Code MS 39216	Date of Receipt M M M D D D Z D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Pediatric Dentist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	l)	750.00
		22725.00

TOTAL This Period (last page this line number only)

Transaction ID: SB23.14156 Data of Summary Page Amy Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Full Name (Last, First, Middle Initial) American Academy of Pediatric Dentistry Political Action Committee Full Name (Last, First, Middle Initial) BUTTERFIELD FOR CONGRESS COMMITTEE Mailing Address PO Box 2571 City State Zip Code Wilson NC 27894 Purpose of Disbursement Butterfield NC 2010 House General Candidate Name Office Sought: X House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P. O. Box 17813 City State Zip Code Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Transaction ID: SB23.14154 Date of Disbursement this Peric Other (specify) ▼ Transaction ID: SB23.14350 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.14350 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.14350 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.14350 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.14350 Date of Disbursement	SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE (check only	
nor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentistry Political Action Committee Full Name (Last, First, Middle Initial) BUTTERFIELD FOR CONGRESS COMMITTEE Mailing Address PO Box 2571 City State Zip Code Wilson NC 27894 Purpose of Disbursement Buterfield NC 2010 House General Candidate Name Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P. O. Box 17813 City State Zip Code Wilson Transaction ID: SB23,14154 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,14154 Date of Disbursement ID: SB23,14350 Date of	I EMIZED DISBURSEMENTS		21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentistry Political Action Committee Full Name (Last, First, Middle Initial) BUTTERFIELD FOR CONGRESS COMMITTEE Mailing Address PO Box 2571 City State Zip Code Wilson NC 27894 Purpose of Disbursement Butterfield NC 2010 House General Candidate Name Office Sought: X House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P. O. Box 17813 City State Zip Code Purpose of Disbursement VA 23226 Purpose of Disbursement Cantor VA 2010 House General Candidate Name Office Sought: X House Senate VA 23226 Purpose of Disbursement Cantor VA 2010 House General Candidate Name Office Sought: X House Senate President State: VA District: 07 Full Name (Last, First, Middle Initial) CHLIDERS FOR CONGRESS Mailing Address PO BOX 177 City State Zip Code NS 38829 Purpose of Disbursement Category/ Type Office Sought: X House Senate President State: VA District: 07 City State Zip Code NS 38829 Purpose of Disbursement Childers MS 2010 House General Candidate Name Office Sought: X House Senate President City State Zip Code NS 38829 Purpose of Disbursement Childers MS 2010 House General Candidate Name Office Sought: X House Senate President City State Zip Code NS 38829 Purpose of Disbursement Category/ Type Office Sought: X House Senate President Category/ Type Office Sought: X House Senate				
BUTTERFIELD FOR CONGRESS COMMITTEE Mailing Address PO Box 2571 City State Zip Code Wilson NC 27894 Purpose of Disbursement Butterfield NC 2010 House General Candidate Name Office Sought: X House President State: NC Disbursement For: 2010 Other (specify) ▼ Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P. O. Box 17813 City State: VA District: 01 Category' Type Office Sought: X House Primary Category' Type Office Sought: X House Other (specify) ▼ Transaction ID: SB23.14154 Date of Disbursement ID: SB23.14350 Date of Dis	NAME OF COMMITTEE (In Full)			
Mailing Address PO Box 2571 State Zip Code Wilson NC 27894		MITTEE		
Wilson NC 27894	Mailing Address PO Box 2571			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} $
Category/ Type Office Sought:	Wilson			Amount of Each Disbursement this Period
Office Sought:	Butterfield NC 2010 House General			5000.00
Senate Prissident State: NC District: 01 Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P. O. Box 17813 City State Zip Code VA 23226 Purpose of Disbursement Cantor VA 2010 House General Candidate Name Office Sought: X House Prissident State: VA District: 07 Full Name (Last, First, Middle Initial) ChildDERS FOR CONGRESS Mailing Address PO BOX 177 City State Zip Code Primary X General Other (specify) ▼ Transaction ID: SB23.14154 Date of Disbursement this Peric Category/ Type Category/ Type Transaction ID: SB23.14350 Date of Disbursement this Peric Disbursement For: 2010 Transaction ID: SB23.14350 Date of Disbursement For: 2010 Amount of Each Disbursement Transaction ID: SB23.14350 Date of Disbursement For: 2010 City State Zip Code MS 38829 Purpose of Disbursement For: 2500.00 Category/ Type Office Sought: X House Senate Primary X General Candidate Name Office Sought: X House Senate Primary X General Category/ Type Office Sought: X House Senate Primary X General Category/ Type Office Sought: X House Senate Primary X General Category/ Type Office Sought: X House Senate Primary X General Category/ Type Office Sought: X House Senate Primary X General Category/ Type		2010	, ,	
Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P. O. Box 17813 City State Zip Code Primary X General Candidate Name Office Sought: X House Senate Primary X General CHILDERS FOR CONGRESS Mailing Address PO BOX 177 City State Zip Code VA 23226 Primary X General Category/ Type Transaction ID: SB23.14154 Date of Disbursement this Peric Disbursement this Peric Category/ Type Transaction ID: SB23.14350 Amount of Each Disbursement this Peric Category/ Type Transaction ID: SB23.14350 Date of Disbursement My M / D D D DATE OF	Senate President	Primary X General		
Mailing Address P. O. Box 17813 City State VA Zip Code VA Amount of Each Disbursement this Period Candidate Name Category/ Type Category/ Type Office Sought: X House President State: VA District: 07 Disbursement For: 2010 Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS Transaction ID: SB23.14350 Date of Disbursement Mailing Address PO BOX 177 City BOONEVILLE State Zip Code MS 38829 Purpose of Disbursement Childers MS 2010 House General Amount of Each Disbursement this Period Category/ Type Category/ Type Category/ Type Office Sought: X House Senate President Disbursement For: 2010 Primary X General Other (specify) V	Full Name (Last, First, Middle Initial)			
Richmond VA 23226 Purpose of Disbursement Cantor VA 2010 House General Candidate Name Office Sought: Senate President State: VA District: 07 Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS Mailing Address Mailing Address PO BOX 177 City BOONEVILLE Purpose of Disbursement Childers MS 2010 House General Candidate Name Office Sought: X House Booneville Primary State Zip Code MS 38829 Amount of Each Disbursement this Peric Category/ Type Office Sought: X House Primary Office Sought: Office Sought: Y 2010 Amount of Each Disbursement this Peric Category/ Type Office Sought: Office Sought: X House Primary Office Sought: Offi				M M / D D / V V V
Purpose of Disbursement Cantor VA 2010 House General Candidate Name Office Sought:				Amount of Each Disbursement this Perio
Office Sought:	Purpose of Disbursement	V// 20220	•	2500.00
Senate President State: VA District: 07 Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS Mailing Address PO BOX 177 City BOONEVILLE MS 38829 Purpose of Disbursement Childers MS 2010 House General Candidate Name Office Sought: X House Senate Primary X General Other (specify) Transaction ID: SB23.14350 Date of Disbursement O 9 M Amount of Each Disbursement this Perior Category/ Type Office Sought: X House Senate Primary X General Other (specify)	Candidate Name			
Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS Mailing Address PO BOX 177 City State Zip Code BOONEVILLE MS 38829 Purpose of Disbursement Childers MS 2010 House General Candidate Name Disbursement For: 2010 Primary X General Other (specify)	Senate President	Primary X General		
City State Zip Code BOONEVILLE MS 38829 Purpose of Disbursement Childers MS 2010 House General Candidate Name Category/ Type Office Sought: X House Senate Primary X General President Other (specify) Other (specify)	Full Name (Last, First, Middle Initial)			
BOONEVILLE MS 38829 Purpose of Disbursement Childers MS 2010 House General Candidate Name Category/ Type Office Sought: X House Senate Primary X General President Other (specify) Other (specify)	Mailing Address PO BOX 177			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 6 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
Childers MS 2010 House General Candidate Name Category/ Type Office Sought: X House Senate Primary X General President Other (specify) ▼				Amount of Each Disbursement this Perio
Office Sought: X House Senate Primary President Disbursement For: 2010 Primary X General Other (specify)	Childers MS 2010 House General			2500.00
Senate				
	Senate	Primary X General		
		Stron (opcomy)		

SCHEDULE B (FEC Form 3X)	Use separate schedule	S) (chook only	NUMBER: PAGE 22 / 28
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Crieck only	7 one) ☐ 22
	Detailed Suffiffally Fage	27	28a 28b 28c 29
Any Information copied from such Reports and Sor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)	thathe and address of any point	car committee to so	nicit contributions from such committee
American Academy of Pediatric Denti	stry Political Action Commi	ttee	
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.14346
COMMITTEE TO RE-ELECT CONGR	ESSMAN DANA ROHRAB.	ACHER	Date of Disbursement
Mailing Address PO BOX 823			09
City HUNTINGTON BEACH	State Zip Code CA 92648		Amount of Each Disbursement this Period
Purpose of Disbursement Rohrabacher CA 2010 House General			1000.00
Candidate Name		Category/ Type	
Office Sought: X House Dis	bursement For: 2010 Primary X General	d	
President State: CA District: 46	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.13472
COMMITTE TO RE-ELECT ED TOW	NS		Date of Disbursement
Mailing Address 438 Lewis Avenue		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 7 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 \end{smallmatrix} 0 \end{smallmatrix} $	
City Brooklyn	State Zip Code NY 11233		Amount of Each Disbursement this Period
Purpose of Disbursement Towns NY 2010 House General			3500.00
Candidate Name		Category/ Type	
Senate	bursement For: 2010 Primary X Genera	ıl	
State: NY District: 10	Other (specify)		
Full Name (Last, First, Middle Initial) DAVIS FOR CONGRESS/FRIENDS (Transaction ID: SB23.13471 Date of Disbursement	
Mailing Address 5956 W. Race Aven	ue		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Chicago	State Zip Code IL 60644		Amount of Each Disbursement this Period
Purpose of Disbursement Davis IL 2010 House General			2500.00
Davis il 2010 i louse dellerai			
Candidate Name		Category/ Type	
Candidate Name	bursement For: 2010 Primary X Genera Other (specify)	Туре	
Candidate Name Office Sought: X House Dis	Primary X Genera	Туре	
Candidate Name Office Sought: X House Dis Senate President	Primary X General Other (specify) ▼	Type	7000.00

SCHEDULE B (FEC Form 3X)		arate schedule(s)		OR LIN	E NUME	BER:			PA	GE 23/	28	
ITEMIZED DISBURSEMENTS		category of the Summary Page		21b 27	22 286		23 28b	П	24 28c	25 29		26 30
Any Information copied from such Reports and Sta												
or for commercial purposes, other than using the na	ame and addre	ss of any political	commi	ttee to s	OIICIT CO	ntributio	ns ire	om s	such c	ommittee	,	
NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentisti	ry Political A	ction Committe	е									
Full Name (Last, First, Middle Initial) FRIENDS OF FARR						nsactio	ourse	eme	_	14148		
Mailing Address 555 Capitol Mall Suite	1425				0 ^M	8 ^M	^D 2	2 6	/ Y	201	0	
City Sacramento	State CA	Zip Code 95814			Am	ount of E	Each	Dis	burser	ment this	Peri	bc
Purpose of Disbursement					1					5000.0	0	
Farr CA 2010 House General					_							
Candidate Name			Cate Ty									
Senate	Primary	2010 X General										
State: CA District: 17	Other (spe	ecify) 🔻										
Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO						nsactio e of Disl		_	_	13421		
Mailing Address 49 HUNTINGTON STI	REET				0 ^M	7 ^M /	^D 0) 1	/ Y	2 0 1	0 ^Y	
City	State	Zip Code			Am	ount of E	Each	Dis	burser	ment this	Peri	 od
NÉW HAVEN	CT	06511						-				
Purpose of Disbursement DeLauro CT 2010 House General										3500.0	0 0	
Candidate Name			Cate Ty									
Senate President	Primary Other (spe	2010 X General ecify) ▼										
State: CT District: 03												
Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT						nsactio e of Disl				13422		
Mailing Address PO Box 50100					0 ^M	7 ^M /	^D 0) 1	/ Y	ž 0 1	0 ^Y	
City Springfield	State MO	Zip Code 65805			Am	ount of E	Each	Dis	burser	ment this	Peri	od
Purpose of Disbursement Blunt MO 2010 Senate General	IVIO	00000								5000.0	0	
Candidate Name			Cate									
Office Sought: X House Disbu Senate President	Primary Other (spe	2010 X General	. ,	· -								
State: MO District: 07		,										
SUBTOTAL of Disbursements This Page (options	al)								1	3500.0	0	_
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